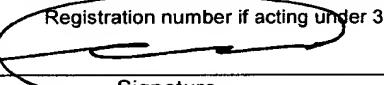


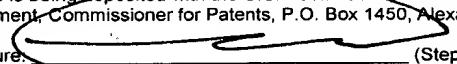
PTO/SB/22 (12-04)
Approved for use through 7/31/2006, OMB 0651-0031
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PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a) FY 2005 (Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)		Docket Number (Optional) OSTEONICS 3.0-414 III
Application Number 09/811,042		Filed March 17, 2001
For SYSTEMS USED IN PERFORMING FEMORAL AND TIBIAL RESECTION IN KNEE SURGERY		
Art Unit 3732	Examiner	M. B. Priddy
This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.		
The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):		
<input type="checkbox"/>	<u>Fee</u>	<u>Small Entity Fee</u>
<input type="checkbox"/>	\$120	\$60
<input type="checkbox"/>	\$450	\$225
<input checked="" type="checkbox"/>	\$1020	\$510
<input type="checkbox"/>	\$1590	\$795
<input type="checkbox"/>	\$2160	\$1080
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.		
<input type="checkbox"/> A check in the amount of the fee is enclosed.		
<input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.		
<input checked="" type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account.		
<input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number <u>12-1095</u> I have enclosed a duplicate copy of this sheet.		
I am the <input type="checkbox"/> applicant/inventor.		
<input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).		
<input checked="" type="checkbox"/> attorney or agent of record. Registration Number <u>32,137</u>		
<input type="checkbox"/> attorney or agent under 37 CFR 1.34. Registration number if acting under 37 CFR 1.34		
		<u>April 27, 2005</u>
		Date
<u>STEPHEN B. GOLDMAN</u>		<u>(908) 518-6308</u>
Typed or printed name		Telephone Number
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.		
<input type="checkbox"/> Total of <u>1</u> forms are submitted.		

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I hereby certify that this correspondence is being deposited with the U.S. Postal Service with sufficient postage as First Class Mail, in an envelope addressed to: MS Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date shown below.
Dated: April 27, 2005

Signature: 

(Stephen B. Goldman)

05/02/2005 YPOLITE1 00000077 121095 09811042

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